

PART B - FEE(S) TRANSMITTAL



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08/11/2004

BIRCH STEWART KOLASCH & BIRCH L P O Box 747

Falls Church, VA 22040-0747 11/10/2004 NNGUYEN2 00000099 09655336

01 FC:1501 02 FC:8001 1370.00 OP 12.00 OP

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(Depositor's name) (Signature) (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/655,336	09/05/2000	Tomoko Ueda	1422-437P	9668	

TITLE OF INVENTION: COMPOSITION COMPRISING THEANINE

EXAMINER ART UNIT CLASS-SUBCLASS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
	nonprovisional	NO	\$1330 1370.00 \$0		- \$1330 -1.370.	11/12/2004
	EXAMINER		ART UNIT	CLASS-SUBCLASS]	
WANG, SHENGJUN 1617 514-563000	WANG, SHENGJUN		1617	514-563000	<u>.</u> .	

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 - ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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- 2. For printing on the patent front page, list
- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is. listed, no name will be printed.
- 1 BIRCH, STEWART,
- 2 KOLASCH & BIRCH, LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Taiyo Kagaku Co., Ltd.

Yokkaichi-shi, Japan

Please check the appropriate assignee category or categories (will not be 4a. The following fee(s) are enclosed:				
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):			
XI Issue Fee	X A check in the amount of the fee(s) is enclosed.			
☐ Publication Fee (No small entity discount permitted)	☐ Payment by credit card. Form PTO-2038 is attached.			
Advance Order - # of Copies4	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-2448 (enclose an extra copy of this form). if needs			
5. Change in Entity Status (from status indicated above)				
☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).			

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#U2,874 (Date) (Authorized Signature)

11-09-2004

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